

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531723

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1-		
3			e			
4				1-		
5			e			
6				1-		
7				1-		
8				1-		
9				1-		
10				1-		
11				1-		
12				1-		
13			e			
14			e			
15			1			
16				1-		
17				1-		
18				1-		
19				1-		
20			e			
21			e			
22			e			
23				1-		
24			e			
25				1-		
26			e			
27			e			
28				1-		
29			e			
30				1-		
31			e			
32			e			
33				1-		
34			e			
35				1-		
36			e			
37				1-		
38			e			
39				1-		
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48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		16	←		←
TOTAL CLAIMS			19			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						